

Return of Organization Exempt from Income Tax

OMB No. 1545-0047

2001

Open to Public Inspection

Under Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2001 calendar year, or tax year beginning Jul 1, 2001, and ending Jun 30, 2002

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instruc-
tions.

C Name of organization

WOMENS CIVIC IMPROVEMENT CLUB, INC.

Number street (or P.O. box if mail is not delivered to street address) Room/suite

3555 3RD AVENUE

City, Town or Country

SACRAMENTO

State ZIP code + 4

CA 95817

D Employer identification number

94-1179480

E Telephone number

(916) 457-8661

F Accounting method:

☐ Cash ☒ Accrual☐ Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to Section 527 organizations.

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If 'yes,' enter number of affiliates

H (c) Are all affiliates included? ☐ Yes ☐ No

(If 'no,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No

I Enter 4-digit group GEN

M Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site:

J Organization type

(check only one) ☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 780,995.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

1 Contributions, gifts, grants, and similar amounts received:					
a Direct public support	1a	39,696.			
b Indirect public support	1b				
c Government contributions (grants)	1c	648,323.			
d Total (add lines 1a through 1c) (cash \$ 688,019. noncash \$)	1d	688,019.			
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2				
3 Membership dues and assessments	3	57,890.			
4 Interest on savings and temporary cash investments	4	257.			
5 Dividends and interest from securities	5				
6a Gross rents	6a	19,933.			
b Less: rental expenses	6b	11,885.			
c Net rental income or (loss) (subtract line 6b from line 6a)	6c	8,048.			
7 Other investment income (describe)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other		
b Less: cost or other basis and sales expenses	8b				
c Gain or (loss) (attach schedule)	8c				
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d				
9 Special events and activities (attach schedule)					
a Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	14,896.			
b Less: direct expenses other than fundraising expenses	9b	8,171.			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	6,725.			
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	760,939.			
13 Program services (from line 44, column (B))	13	586,315.			
14 Management and general (from line 44, column (C))	14	127,904.			
15 Fundraising (from line 44, column (D))	15	0.			
16 Payments to affiliates (attach schedule)	16				
17 Total expenses (add lines 16 and 44, column (A))	17	714,219.			
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	46,720.			
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	820,841.			
20 Other changes in net assets or fund balances (attach explanation)	20				
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	867,561.			

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	56,836.	43,694.	13,142.	0.
26 Other salaries and wages	26	312,075.	298,934.	13,141.	0.
27 Pension plan contributions	27	3,968.	3,441.	527.	0.
28 Other employee benefits	28	61,359.	57,975.	3,384.	0.
29 Payroll taxes	29	31,674.	29,440.	2,234.	0.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	13,582.	12,375.	1,207.	0.
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36	69,859.	50,243.	19,616.	0.
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	14,811.	14,226.	585.	0.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	11,753.	0.	11,753.	0.
43 Other expenses not covered above (itemize):					
a REPAIRS & MAINT	43a	32,098.	5,069.	27,029.	0.
b INSURANCE	43b	4,232.	0.	4,232.	0.
c NUTRITION & FOOD	43c	44,327.	44,327.	0.	0.
d OTHER PARENT SERVICES	43d	8,354.	8,354.	0.	0.
e See Other Expenses Stmt	43e	49,291.	18,237.	31,054.	0.
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	714,219.	586,315.	127,904.	0.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to program services \$ _____; (iii) the amount allocated to management and general \$ _____; and (iv) the amount allocated to fundraising \$ _____.

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? ASSIST LOW INCOME AND DISADVANTAGED PEOPLE

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)

a CHILD DEVELOPMENT - HEAD START - PROVIDE EARLY CHILDHOOD EDUCATION TO DOZENS OF CHILDREN FROM LOW INCOME AND/OR DISADVANTAGED FAMILIES IN SACRAMENTO, CA (Grants and allocations \$ 0.)	509,239.
b SENIOR & LOW INCOME NUTRITION - PROVIDED THOUSANDS OF LOW COST MEALS TO SEVERAL HUNDRED SENIOR AND LOW INCOME PERSONS. MEALS ARE PROVIDED EVERY WEEKDAY IN SACRAMENTO, CA (Grants and allocations \$ 0.)	42,348.
c CHILD DELINQUENCY - PROVIDE CHILD DELINQUENCY PREVENTION SERVICES TO DOZENS OF LOW INCOME AND DISADVANTAGED YOUTH IN SACRAMENTO, CA (Grants and allocations \$ 0.)	34,728.
d _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	586,315.

Part IV Balance Sheets (See instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	117,777.	45	140,102.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	8,013.		
	b Less: allowance for doubtful accounts			
		11,578.	47 c	8,013.
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts			
			48 c	
	49 Grants receivable	44,963.	49	52,043.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach sch)			
	b Less: allowance for doubtful accounts			
			51 c	
	52 Inventories for sale or use		52	
53 Prepaid expenses and deferred charges		53		
54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
55 a Investments — land, buildings, & equipment: basis				
b Less: accumulated depreciation (attach schedule)				
		55 c		
56 Investments — other (attach schedule)		56		
57 a Land, buildings, and equipment: basis	857,999.			
b Less: accumulated depreciation (attach schedule)	55,125.			
	812,882.	57 c	802,874.	
58 Other assets (describe		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	987,200.	59	1,003,032.	
LIABILITIES	60 Accounts payable and accrued expenses	104,139.	60	60,405.
	61 Grants payable		61	
	62 Deferred revenue	62,220.	62	75,066.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)	0.	64 b	
	65 Other liabilities (describe		65	
66 Total liabilities (add lines 60 through 65)	166,359.	66	135,471.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	817,512.	67	863,706.
	68 Temporarily restricted	3,329.	68	3,855.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	820,841.	73	867,561.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	987,200.	74	1,003,032.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	983,628.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments		
(2)	Donated services and use of facilities		
(3)	Recoveries of prior year grants		
(4)	Other (specify): SEE STMT		
			\$ 222,689.
	Add amounts on lines (1) through (4)	b	222,689.
c	Line a minus line b	c	760,939.
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
			\$
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	760,939.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	936,908.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities		
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify): SEE STMT		
			\$ 222,689.
	Add amounts on lines (1) through (4)	b	222,689.
c	Line a minus line b	c	714,219.
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
			\$
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	714,219.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
BRENDA USHER 3555 3RD AVE, SAC, CA	PRESIDENT 2	0.	0.	0.
TOM BURESS 3555 3RD AVE, SAC, CA	1ST VP 1	0.	0.	0.
CYNTHIA BIRD 3555 3RD AVE, SAC, CA	2ND VP 1	0.	0.	0.
KELLY MONTGOMERY 3555 3RD AVE, SAC, CA	TREASURER 1	0.	0.	0.
PETER BRIKIE 3555 3RD AVE, SAC, CA	REC SEC 1	0.	0.	0.
JULIE PADILLA 3555 3RD AVE, SAC, CA	CORR SEC 1	0.	0.	0.
WILLIAM BOYER 3555 3RD AVE, SAC, CA	MEMBER 1	0.	0.	0.
EDENAUSEGBOYE DAVIS 3555 3RD AVE, SAC, CA	EXECUTIVE DIR 40	56,836.	9,946.	0.
TONGELA BREMMIUM 3555 3RD AVE, SAC, CA	YOUTH COORD 1	0.	0.	0.
See List of Officers, Etc. Statement		0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☒ No

If 'Yes,' attach schedule -- see instructions.

	Yes No
--	-------------

BAA

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					57,890.
95 Interest on savings & temporary cash invmnts			14	257.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	8,048.	
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	6,725.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				15,030.	57,890.
105 Total (add line 104, columns (B), (D), and (E))					72,920.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
94	MEMBERSHIP PROMOTES ASSISTANCE TO LOW INCOME AND DISADVANTAGED PERSONS WHICH FORMS THE BASIS FOR THE ORGANIZATIONS EXEMPT PURPOSE.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.
	Signature of Officer <u><i>Diana F. Asher</i></u> Date <u>5/13/03</u> Type or Print Name and Title _____

Paid Preparer's Use Only	Preparer's Signature <u><i>JH Fritzsch</i></u>	Date <u>5/5/03</u>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (see General instruction W) <u>549-86-7552</u>
	Firm's name (or yours if self-employed) and address, and ZIP + 4 <u>JAMES H. FRITZSCHE, CPA</u> <u>875 UNIVERSITY AVENUE</u> <u>SACRAMENTO CA 95825</u>	EIN <u>68-0433311</u>	Phone no <u>(916) 929-4450</u>	

BAA

TEEA0106 01/01/02

Form 990 (2001)

83268541

Schedule A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under
Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information — (See separate instructions.)

Supplementary Information — (see separate instructions)

▶ **Must be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

2001

Name of the Organization

WOMENS CIVIC IMPROVEMENT CLUB, INC.

Employer Identification Number

94-1179480

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000

NONE

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

NONE

Part III Statements About Activities (See instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____

(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B and attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

See Pt V, Fm 990

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See **Note** below.)

3 X

- 4 Do you have a section 403(b) annuity plan for your employees?

4 X

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments.

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is (please check only **One** applicable box):

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) ...	655,297.	734,775.	538,646.	509,747.	2,438,465.
16 Membership fees received	11,476.	16,678.	10,850.	2,397.	41,401.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	32,929.	73,076.	7,076.	3,697.	116,778.
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975		144.	266.	32.	442.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge		22,450.			22,450.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		19,191.	11,721.	18,976.	49,888.
23 Total of lines 15 through 22	699,702.	866,314.	568,559.	534,849.	2,669,424.
24 Line 23 minus line 17	666,773.	793,238.	561,483.	531,152.	2,552,646.
25 Enter 1% of line 23	6,997.	8,663.	5,686.	5,348.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	51,053.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	
c Total support for Section 509(a)(1) test: Enter line 24, column (e)		26c	2,552,646.
d Add: Amounts from column (e) for lines: 18 <u>442.</u> 19 <u> </u> 22 <u>49,888.</u> 26b <u> </u>		26d	50,330.
e Public support (line 26c minus line 26d total)		26e	2,502,316.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	98.03 %

27 Organizations described on line 12:

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2000) _____ (1999) _____ (1998) _____ (1997) _____

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2000) _____ (1999) _____ (1998) _____ (1997) _____

c Add: Amounts from column (e) for lines: 15 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u>	27c	
d Add: Line 27a total and line 27b total	27d	
e Public support (line 27c total minus line 27d total)	27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
(To be completed Only by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)				

32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)				

33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)				

34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
If you answered 'Yes' to either 34a or b, please explain using an attached statement.				
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed **Only** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked 'a' and 'limited control' provisions apply.**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table —		
If the amount on line 40 is —		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.		

4 -Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

	Lobbying Expenditures During 4 -Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h.)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

NO
ST
LO
GO
LO
NI
OO

a Transfers from the reporting organization to a noncharitable exempt organization of:

c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c
d	If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:	

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If 'Yes,' complete the following schedule:

BAA TEEA0406 09/25/01 Schedule A (Form 990 or 990-EZ) 2001

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
CRAB FEED	13,456.	0.	13,456.	6,914.	6,542.
E BOOK	1,440.	0.	1,440.	1,257.	183.
Total	14,896.	0.	14,896.	8,171.	6,725.

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
OTHER	48,548.	17,494.	31,054.	0.
OTHER CHILD SERVICES	743.	743.	0.	0.
Total	49,291.	18,237.	31,054.	0.

Form 990, Page 3, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
LAND	51,190.	0.	51,190.
BUILDINGS & IMPROVEMENTS	621,235.	0.	621,235.
FURNITURE, FIXTURES & EQUIPMENT	185,574.	55,125.	130,449.
Total	857,999.	55,125.	802,874.

Form 990, Page 4, Part V

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
AUDREY COTTON 3555 3RD AVE, SAC, CA	MEMBER 1	0.	0.	0.
DR. DAVID COVIN 3555 3RD AVE, SAC, CA	MEMBER 1	0.	0.	0.
MARETTA DUNIGAN 3555 3RD AVE, SAC, CA	MEMBER 1	0.	0.	0.
SARAH E RICHEY 3555 3RD AVE, SAC, CA	MEMBER 1	0.	0.	0.

Form 990, Page 4, Part V

Continued

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
RHONDA SMITH 3555 3RD AVE, SAC, CA	MEMBER 1	0.	0.	0.
KRISTY TAYLOR 3555 3RD AVE, SAC, CA	MEMBER 1	0.	0.	0.
ANNE GAYLES-WHITE 3555 3RD AVE, SAC, CA	MEMBER 1	0.	0.	0.
Total		0.	0.	0.

Supporting Statement of:

Form 990 p 1/Line 6b

Description	Amount
REPAIRS & MAINTENANCE	3,566.
UTILITIES	1,800.
INSURANCE	1,814.
SALARIES & WAGES	3,726.
EMPLOYEE BENEFITS	979.
Total	<u>11,885.</u>

Supporting Statement of:

Form 990 p 4/Part IV-A, Line b(4)

Description	Amount
IN-KIND INCLUDED ON AUDIT	209,507.
FUNDRAISING EXP ON LINE 9b	1,297.
RENTAL EXPENSES ON LINE 6b	11,885.
Total	<u>222,689.</u>

Supporting Statement of:

Form 990 p 4/Part IV-B, Line b(4)

Description	Amount
IN KIND INCLUDED ON AUDIT	209,507.
FUNDRAISING EXPENSE LINE 9b	1,297.
RENTAL EXPENSE ON LINE 6b	11,885.
Total	<u>222,689.</u>

Supporting Statement of:

Sch. A, 990 p 3/Line 22-b

Description	Amount
NET RENTAL REVENUE	19,191.
Total	<u>19,191.</u>

Supporting Statement of:

Sch. A, 990 p 3/Line 22-c

Description	Amount
NET RENTAL REVENUE	11,721.
Total	<u>11,721.</u>

Supporting Statement of:

Sch. A, 990 p 3/Line 22-d

Description	Amount
NET RENTAL INCOME	18,976.
Total	<u>18,976.</u>

All Diagnostics

1. Errors and Omissions will search your return for incomplete information, amounts that seem to be too high or too low considering information in the return, and for values you've marked as estimated. Clicking on highlighted form and line descriptions will take you to the locations where the diagnostic warning occurred to allow you to make changes to entries.
IMPORTANT: A computer program can only analyze a given number of conditions, so even if Errors and Omissions detects no errors, it is still very important for you to review the tax return thoroughly.
2. We recommend you use the Product Updates button below to check for any tax product updates before finalizing your client's tax return.
3. The Diagnostics review evaluates this return for required attachments for filing, inconsistent entries, advisory messages regarding program decisions, tax treatment of items not immediately apparent and additional computations that may be required.
4. All fields to which notes have been attached will be displayed. To edit or delete a note, select Add/Edit Note from the Edit menu. Notes may be marked for printing with the filing copy of the return.
5. The List of Overrides shows all the fields you overrode in this return.

The program performs calculations according to IRS or state instructions for standard situations. Overrides can affect these calculations throughout the return.

CAUTION: Use the override feature only in those rare situations where the standard calculations are not appropriate for your client's tax situation.

6. Global Billing, A366 has been overridden. If you want to remove your override, select "Cancel Override" from the Edit Menu and the program's original calculation will be restored.

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note: *Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or Print

Name of Exempt Organization

WOMENS CIVIC IMPROVEMENT CLUB, INC.

Number, Street, and Room or Suite Number. If a P.O. Box, See Instructions.

3555 3RD AVENUE

City, Town or Post Office, State, and ZIP Code. For a Foreign Address, See Instructions.

SACRAMENTO

CA 95817

Employer Identification Number

94-1179480

For IRS Use Only

File by the extended due date for filing the return. See instructions.

Check type of return to be filed (file a separate application for each return):

☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (Section 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

Stop: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• If the organization does **not** have an office or place of business in the United States, check this box ☐ **X**
 • If this is for a **group return**, enter the organizations four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ **X**. If it is **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until May 15, 20 03.

5 For calendar year _____, or other tax year beginning Jul 1, 20 01 and ending Jun 30, 20 02.

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension ... ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Title

Date

Notice to Applicant – To be Completed by the IRS

☒ We **have** approved this application. Please attach this form to the organization's return.
☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
☐ We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested.
 Other: _____

EXTENSION APPROVED
FEB 24 2003
LINDA WEISKOPF, FIELD DIRECTOR,
SUBMISSION PROCESSING, OGDEN

Director

By:

Date

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or Print

Name

JAMES H. FRITZSCHE, CPA

Number and Street (include suite, room, or apartment number) or a P.O. Box Number

875 UNIVERSITY AVENUE

City or Town, Province or State, and Country (including postal or ZIP code)

SACRAMENTO

CA 95825

BAA

FIFZ0502 11/30/01

Form 8868 (Rev 12-2000)